



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application)	<u>PATENT APPLICATION</u>
Inventor(s):)	
SC/Serial No.:)	
Attorney Docket #:)	Art Unit:
Filed:)	
Title:)	Examiner:
Computer-Aided Group-Learning Methods and Systems)	

CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8

I hereby certify that this correspondence is being deposited in the United States Postal Service with sufficient postage as first class mail in an envelope addressed to **Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450**, on August 16, 2004.

Colina Tong (Signature)
Colina Tong, Dated: August 16, 2004

SUPPLEMENTAL DECLARATION TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted with this communication in connection with the above-identified application are the following:

- ☒ Supplemental Declarations by Inventors.
- ☐ A Response under 37 C.F.R. § 1.111 to the Office Action dated ____.
- ☐ A Response under 37 C.F.R. § 1.116 to the Office Action dated ____.
- ☐ A Petition for an Extension of Time under 37 C.F.R. § 1.136.
- ☐ A Terminal Disclaimer.
- ☐ A Statement pursuant to 37 C.F.R. § 1.27 to establish small entity status under 37 C.F.R. § 1.9(f).
- ☐ An Information Disclosure Statement pursuant to 37 C.F.R. § 1.56.

The fee associated with this communication has been calculated as shown below:

☐ No fee is required with this communication.

☐ A fee of \$240.00 is due for the submission of the accompanying Information Disclosure Statement.

☐ A fee for addition of claims under 37 C.F.R. § 1.17 is due as follows:

Claims Remaining After Amendment	Highest Previously Paid For	Number Extra *	Large Entity Rate	
Total Claims	0 - 0	= 0	X \$18.00	= \$.00
Independent Claims	0 - 0	= 0	X \$86.00	= \$ 0.00
First Presentation of Multiple Dependent Claim(s)		0	X \$270.00	= \$ 0.00
* If the difference is less than zero, enter "0".				Additional Fee = \$.00

The total fee required with this communication is \$.00 and is to be paid as follows:

☐ Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this authorization is enclosed.

☐ A check in the amount of \$.00 is enclosed.

☒ The Commissioner is hereby authorized to charge underpayment of any fees, including the following fees, associated with this communication or credit any overpayment to Deposit Account No. 50-0727. A duplicate copy of this authorization is enclosed.

☐ Any filing fee under 37 C.F.R. § 1.16 for the presentation of additional claims.

☐ Any patent application processing fees under 37 C.F.R. § 1.17 including any applicable fee for extension time.

Respectfully submitted,

Date: August 16, 2004

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